

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002190

FILED
Feb 17, 2004
Secretary of State

Entity Name: MARIA CHATANI, D.M.D., P.A.

Current Principal Place of Business:

11600 NW 29TH ST
SUNRISE, FL 33323

New Principal Place of Business:

1120 SPYGLASS
WESTON, FL 333262902 US

Current Mailing Address:

11600 NW 29TH ST
SUNRISE, FL 33323

New Mailing Address:

C/O GRUBER AND ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY, SUITE 522
FORT LAUDERDALE, FL 333081417 US

FEI Number: 59-3420882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHATANI, MARIA
11600 NW 29TH ST
SUNRISE, FL 33323

Name and Address of New Registered Agent:

CHATANI, MARIA V
1120 SPYGLASS
WESTON, FL 333262902 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA V. CHATANI

02/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHATANI, MARIA
Address: 11600 NW 29TH ST
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: CHATANI, MARIA V
Address: 1120 SPYGLASS
City-St-Zip: WESTON, FL 333262902 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA V. CHATANI

P

02/17/2004

Electronic Signature of Signing Officer or Director

Date